

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19-000701

STATE FILE NUMBER

8
FILED JAN 12 1959

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 10

300
1-57

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Maries	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City		c. CITY OR TOWN St. James 6630	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hosp.		d. STREET ADDRESS (If outside, give location) R. F. D.	
Length of stay in lb 4 days		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Albert Middle Christian Last Witte			4. DATE OF DEATH Month Jan Day 9 Year 1959		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 31, 1889	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William Witte	13b. MOTHER'S MAIDEN NAME Helen Meyer	14. NAME OF HUSBAND OR WIFE Minnie Witte
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes WW I	16. SOCIAL SECURITY NO.	17. INFORMANT Minnie Witte	Address St. James, Mo. RR
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Neurolyze Left Parietal Lobe Brain		INTERVAL BETWEEN ONSET AND DEATH 7 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Jeuneur?	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour 5 Month, Day, Year Jan 5, 59 a.m. 2:10 PM p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION St. James	COUNTY Maries	STATE Mo.
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21. I attended the deceased from Death occurred at Jan 5, 59 2:10 PM		and last saw her alive on Jan 9, 59	
22a. SIGNATURE R. P. Davis, M.D.		22b. ADDRESS St. James, Mo.	22c. DATE SIGNED 1/10/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1/11/59	23c. NAME OF CEMETERY OR CREMATORY Bem Cemetery	23d. LOCATION (City, town, or county) (State) Gasconade, Co. Mo.
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24. FUNERAL DIRECTOR Jesse Gahr	ADDRESS St. James, Mo.	25. DATE RECD. BY LOCAL REG. 10 January 1959	26. REGISTRAR'S SIGNATURE R. P. Davis, M.D.
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JAN 26 1959

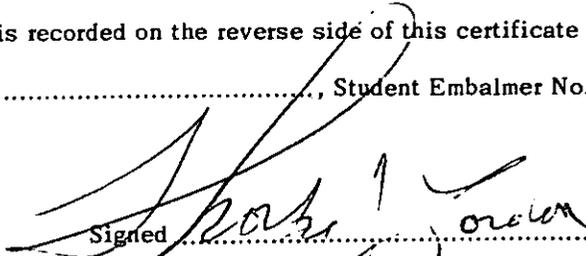
VS APR 21 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed



Licensed Embalmer No. 1246

P. O. Address Jefferson MS

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.